



2009217

NON-HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12 pitch) typewriter)

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. UTR 000 000 661		Manifest Document No. 040527		2. Page 1 of 1	
3. Generator's Name and Mailing Address 1156 PA REGION 8 HUNT FLOYD NICHOLS 797 17TH ST							
4. Generator's Phone (302) 312 6983				1246 E. CO. 30202-2466			
5. Transporter 1 Company Name MP ENVIRONMENTAL		6. US EPA ID Number CAT 000 624 247		A. State Transporter's ID N/A		B. Transporter 1 Phone 877-80-5111	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address CLINTON HAZARDOUS WASTE TREATMENT FACILITY SARASOTA COUNTY JAIL NORTH OF EXIT 41 OFF I-90 CLIVE, UT 84302				10. US EPA ID Number		E. State Facility's ID N/A	
				F. Facility's Phone 801-422-8900			
11. WASTE DESCRIPTION				12. Containers		13. Total Quantity	
				No. Type		Unit	
a. 'RQ' HAZARDOUS, 1, NA 2212, PG III				001 CM		00025 CY	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above 11P) CH 656345 1125 ID ROLL OFF # 4760 SALES ORDER 117292010 (4 EXCISE CONTAINING TENTS + GEARS DETROIT + DOUBLE WALKER)				H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information USE STANDARD PROTECTIVE CLOTHING + EQUIPMENT IN CASE OF EMERGENCY CONTACT: (888) 814 7477 24HR.							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name C.T. GARCIA USCG				Signature 		Date Month Day Year 5 27 04	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date			
Printed/Typed Name KARL F. WILKINSON				Signature 		Date Month Day Year 05 27 04	
18. Transporter 2 Acknowledgement of Receipt of Materials				Date			
Printed/Typed Name				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name				Signature		Date Month Day Year	

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY

